

Data can be entered directly into the on-line reporting system at: <https://whoprs.wisconsin.gov>

(1) WEM Facility I.D. #:						—	New facilities are assigned an I.D. # when form is received.
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(2) Owner's Employer I.D. Number: (i.e. EIN/FEIN/Tax # /Owner Social Security #)									
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(3) Facility Information:

Facility E-mail address:		Confidential?	
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Facility Name:		Total # of full-time equivalent employees:	
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Street Address:		Fire Department:	
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City, State, ZIP: _____

☐ City ☐ Village ☐ Town of: _____

County of:		Facility Phone #:	
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<input type="checkbox"/> Tribal – Name:	Is this a Federal or federally recognized tribal facility? YES	NO
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Facility Physical Location:	Latitude:		Longitude:	
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(4) Facility Mailing Address:

NAICS code (North Atlantic Industrial Classification System Code):						
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Facility Name: _____

Facility Mailing Address: _____

City, State, ZIP: _____

Attention to: _____ Phone #: _____

(5) Owner of Facility:

Should correspondence for this facility be mailed to the owner? ☐ YES ☐ NO

Owner Name:

Owner Mailing Address: _____

City, State, ZIP: _____

Attention/ Phone #: : _____

(6) Exemptions From Hazardous Chemical Reporting: Mark the appropriate exemption(s) and year(s)

(A) This facility was not covered by the OSHA Hazard Communication Act and is not a private or public agency as defined by s. 323.60 (1)(h) and (i), Wis. Stats., *during the following years:*

☐ 2009 ☐ 2010 ☐ 2011 ☐ 2012

(B) This facility did not have present at any one-time any hazardous chemicals at or above 10,000 pounds nor did it have present any extremely hazardous substances at or above 500 pounds or the designated threshold planning quantity, if lower than 500 pounds, *during the following years:*

☐ 2009 ☐ 2010 ☐ 2011 ☐ 2012

(C) Hazardous chemicals that were present at this facility were not required to have Material Safety Data Sheets prepared per the OSHA Act at CFR Chapter 29, Section 1910.1200(b), (see instructions) and are exempt from Tier Two reporting for *chemicals present during the following years:*

☐ 2009 ☐ 2010 ☐ 2011 ☐ 2012

(D) Hazardous chemicals that were present at this facility were exempt from Tier Two reporting because of one or more of the Section 311(e) exemptions (see instructions) for *chemicals present during the following years*:

☐ 2009 ☐ 2010 ☐ 2011 ☐ 2012

(E) This is a Retail Gas Station and all of the following apply:

- 1) gasoline and diesel fuel were stored, for use in vehicles on land, in a tank(s) entirely underground,
- 2) less than 75,000 gallons of gasoline and/or 100,000 gallons of diesel fuel were present at any one time,
- 3) the facility was in compliance with all applicable Underground Storage Tank program requirements at all times during the indicated calendar year, and

4) no other substances were present at or above EPCRA reporting thresholds, for chemicals present during the following years:

☐ 2009 ☐ 2010 ☐ 2011 ☐ 2012

(7) Full Fee Exemption. THIS FACILITY IS FULLY EXEMPT FROM PAYING ANY ANNUAL INVENTORY FEES BECAUSE OF THE EXEMPTION(S) CHECKED BELOW.

(A) This is a petroleum marketing facility (see instructions for definition) which had reportable amounts of gasoline and/or diesel fuel present, held for resale or retail, which are exempt from Inventory Fee calculation, and there were no other reportable hazardous chemicals subject to Inventory Fee Calculation.

☐ 2009
☐ 2010
☐ 2011
☐ 2012

(B) This facility had reportable amounts of sand and/or gravel present, which are exempt from Inventory Fee calculation, and there were no other reportable hazardous chemicals subject to Inventory Fee Calculation.

☐ 2009
☐ 2010
☐ 2011
☐ 2012

(C) The operator of this facility had fewer than 10 full-time equivalent employees (20,800 hrs.) in the State of Wisconsin. **Indicate the number of full-time equivalent (FTE) employees for the year.**

☐ 2009 _____ FTE
☐ 2010 _____ FTE
☐ 2011 _____ FTE
☐ 2012 _____ FTE

(D) This facility had reportable amounts of calcium chloride, sodium chloride and/or calcium magnesium acetate present, used as a road de-icing agent, which are exempt from Inventory Fee calculation and there were no other reportable hazardous chemicals subject to Inventory Fee Calculation.

☐ 2009
☐ 2010
☐ 2011
☐ 2012

PLEASE NOTE: IF A YEAR IS MARKED UNDER ITEM #7, THE SAME YEAR CAN NOT BE MARKED AGAIN UNDER ITEM #8.

(8) Partial Fee Exemption. THIS FACILITY IS CLAIMING A PARTIAL EXEMPTION FROM INVENTORY FEES FOR SOME OF THE REPORTABLE HAZARDOUS CHEMICALS BECAUSE THEY ARE EXEMPT FROM INVENTORY FEE CALCULATION DUE TO THE EXEMPTION(S) CHECKED BELOW.

(A) This is a petroleum marketing facility (see instructions for definition) which had reportable amounts of gasoline and/or diesel fuel present, held for resale or retail, which are exempt from Inventory Fee calculation, and there were other reportable hazardous chemicals subject to Inventory Fee Calculation.

☐ 2009
☐ 2010
☐ 2011
☐ 2012

(B) This facility had reportable amounts of sand and/or gravel present, which are exempt from Inventory Fee calculation and there were other reportable hazardous chemicals subject to Inventory Fee Calculation.

☐ 2009
☐ 2010
☐ 2011
☐ 2012

(C) This facility had reportable amounts of calcium chloride, sodium chloride and/or calcium magnesium acetate present, used as a road de-icing agent, which are exempt from Inventory Fee calculation and there were other reportable hazardous chemicals subject to Inventory Fee Calculation.

☐ 2009
☐ 2010
☐ 2011
☐ 2012

(9) ANNUAL INVENTORY FEE CALCULATION. Complete each year, as appropriate. Please refer to the instructions for each calendar year's fee schedule. If a fee is due, a 20% late payment surcharge must be included.

2009 Total Number of reportable chemicals on Tier Two Form for *chemicals present during 2009*:

Number of fee exempt chemicals on Tier Two form:

Number of chemicals subject to fee calculation on Tier Two Form:

Is the cumulative actual maximum daily amount of chemicals subject to inventory fee

calculation 100,000 pounds or more? ☐ YES ☐ NO

Late payment surcharge (20% of fee)

Fee Due: \$

Surcharge Due: \$

TOTAL DUE: \$

The 2009 Inventory Fee was previously paid for this facility on ____/____/____; Check Number _____.

2010 Total Number of reportable chemicals on Tier Two Form for *chemicals present during 2010*:

Number of fee exempt chemicals on Tier Two form:

Number of chemicals subject to fee calculation on Tier Two Form:

Is the **cumulative** actual **maximum** daily amount of chemicals subject to inventory feecalculation 100,000 pounds or more? ☐ YES ☐ NO

Late payment surcharge (20% of fee)

Fee Due: \$

Surcharge Due: \$

TOTAL DUE: \$

The 2010 Inventory Fee was previously paid for this facility on ____/____/____; Check Number _____.

2011 Total Number of reportable chemicals on Tier Two Form for *chemicals present during 2011*:

Number of fee exempt chemicals on Tier Two form:

Number of chemicals subject to fee calculation on Tier Two Form:

Is the **cumulative** actual **maximum** daily amount of chemicals subject to inventory feecalculation 100,000 pounds or more? ☐ YES ☐ NO

Late payment surcharge (20% of fee)

Fee Due: \$

Surcharge Due: \$

TOTAL DUE: \$

The 2011 Inventory Fee was previously paid for this facility on ____/____/____; Check Number _____.

2012 Total Number of reportable chemicals on Tier Two Form for *chemicals present during 2012*:

Number of fee exempt chemicals on Tier Two form:

Number of chemicals subject to fee calculation on Tier Two Form:

Is the **cumulative** actual **maximum** daily amount of chemicals subject to inventory feecalculation 100,000 pounds or more? ☐ YES ☐ NO

Late payment surcharge (20% of fee)

Fee Due: \$

Surcharge Due: \$

TOTAL DUE: \$

The 2012 Inventory Fee was previously paid for this facility on ____/____/____; Check Number _____.

TOTAL FEES REMITTED (for Chemicals Present During 2009 Through 2012): \$**(10) CERTIFICATION SECTION:** I, as the owner/operator OR owner/operator's authorized representative, have reviewed this Fee Statement and certify that the information submitted is true, accurate and complete._____
Printed Name_____
* Signature_____
Date Signed_____
Official Title

()

Telephone Number**RETURN SIGNED FORM AND FEE PAYMENT (IF APPLICABLE) TO:** WISCONSIN EMERGENCY MANAGEMENT, Facility Reporting Section, P.O. Box 7978, Madison, WI 53707-7978. For assistance call (608) 242-3215, (608) 242-3246, (608) 242-3224 or (608) 242-3225***Note:** Forms must be signed and dated.

PAST YEARS' TIER TWO EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY

For Reporting Hazardous Chemicals Present During Calendar Years 2009 to 2012

Page 1 of

WEM Facility I.D. #:

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Facilities filing for the first time will not have a WEM I.D.#

FACILITY LOCATION:

OWNER/OPERATOR:

Name:

Address:

City, ZIP:

Name:

Address:

City, State, ZIP:

Facility Contact Name:

Facility Phone:

24-Hour Emergency Contact Information:

	Name	Title	Daytime Phone Number	24 hr. Phone Number
#1	<table border="1" style="width: 270px; height: 20px;"></table>	<table border="1" style="width: 70px; height: 20px;"></table>	<table border="1" style="width: 180px; height: 20px;"></table>	<table border="1" style="width: 70px; height: 20px;"></table>
#2	<table border="1" style="width: 270px; height: 20px;"></table>	<table border="1" style="width: 70px; height: 20px;"></table>	<table border="1" style="width: 180px; height: 20px;"></table>	<table border="1" style="width: 70px; height: 20px;"></table>

CHEMICAL DESCRIPTION – Complete the information below for each chemical, use continuation page for additional chemicals.

CHEMICAL:

CAS Number:	
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Chemical Name:	
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Check All That Apply:	Trade Secret	Pure	Mix	Solid	Liquid	Gas	EHS	EHS Name (if different from chemical name):
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1" style="width: 450px; height: 20px;"></table>

Physical & Health Hazards (Check All That Apply)

Inventory (complete appropriate years)

Fire	Pressure	Reactivity
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immediate		Delayed
<input type="checkbox"/>		<input type="checkbox"/>

Year	Max. Daily Amt in #'s	Avg. Daily Amt. in #'s	# Days On-site
2009	<table border="1" style="width: 100px; height: 20px;"></table>	<table border="1" style="width: 100px; height: 20px;"></table>	<table border="1" style="width: 100px; height: 20px;"></table>
2010	<table border="1" style="width: 100px; height: 20px;"></table>	<table border="1" style="width: 100px; height: 20px;"></table>	<table border="1" style="width: 100px; height: 20px;"></table>
2011	<table border="1" style="width: 100px; height: 20px;"></table>	<table border="1" style="width: 100px; height: 20px;"></table>	<table border="1" style="width: 100px; height: 20px;"></table>
2012	<table border="1" style="width: 100px; height: 20px;"></table>	<table border="1" style="width: 100px; height: 20px;"></table>	<table border="1" style="width: 100px; height: 20px;"></table>

Storage Codes & Locations (see tables 1 and 2 in the instructions for codes):

Container	Pressure	Temperature	Storage Locations	Max #'s at location	Check if Confidential Location
<table border="1" style="width: 60px; height: 20px;"></table>	<table border="1" style="width: 60px; height: 20px;"></table>	<table border="1" style="width: 60px; height: 20px;"></table>	<table border="1" style="width: 400px; height: 20px;"></table>	<table border="1" style="width: 120px; height: 20px;"></table>	<table border="1" style="width: 40px; height: 20px;"></table>
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CERTIFICATION: I certify under penalty of law that I have personally examined and am familiar with information submitted in pages 1 through in addition to all attached documents, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the information submitted is true, accurate, and complete.

REQUIRED ATTACHMENT:

☐ I have attached a site plan. **Site plan can not exceed 11 x 17 inches.**

Printed Name

Signature Date Signed

Official Title

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Telephone Number

PAST YEARS' TIER TWO EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY

Confidential Location Information Sheet

For Reporting Hazardous Chemicals Present During Calendar Years 2009 to 2012

Page ____ of ____

WEM Facility I.D. #:

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Facilities filing for the first time will not have a WEM I.D.#

FACILITY NAME:

 ADDRESS:

CHEMICAL: CAS Number:

 Chemical Name:

Storage Codes & Locations (see tables 1 and 2 in the instructions for codes):

Container	Pressure	Temperature	Storage Locations	Max #'s at location
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MARK EACH YEAR(S) DURING WHICH THIS CHEMICAL WAS PRESENT AT ANY ONE TIME AT A REPORTABLE AMOUNT:

☐ 2009 ☐ 2010 ☐ 2011 ☐ 2012

CHEMICAL: CAS Number:

 Chemical Name:

Storage Codes & Locations (see tables 1 and 2 in the instructions for codes):

Container	Pressure	Temperature	Storage Locations	Max #'s at location
<table border="1" style="width: 50px; height: 20px;"></table>	<table border="1" style="width: 50px; height: 20px;"></table>	<table border="1" style="width: 50px; height: 20px;"></table>	<table border="1" style="width: 450px; height: 20px;"></table>	<table border="1" style="width: 100px; height: 20px;"></table>
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<table border="1" style="width: 50px; height: 20px;"></table>	<table border="1" style="width: 50px; height: 20px;"></table>	<table border="1" style="width: 50px; height: 20px;"></table>	<table border="1" style="width: 450px; height: 20px;"></table>	<table border="1" style="width: 100px; height: 20px;"></table>

MARK EACH YEAR(S) DURING WHICH THIS CHEMICAL WAS PRESENT AT ANY ONE TIME AT A REPORTABLE AMOUNT:

☐ 2009 ☐ 2010 ☐ 2011 ☐ 2012

CERTIFICATION (Read and Sign after completing all sections. **Signature Required**)

I certify under penalty of law that I have personally examined and am familiar with information submitted in pages 1 through [____] in addition to all attached documents, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the information submitted is true, accurate, and complete.

Printed Name _____

Signature _____

Date Signed _____

Official Title _____

()

Telephone Number _____

REQUIRED ATTACHMENT:

☐ I have attached a site plan.

RETURN SIGNED FORM AND FEE PAYMENT (IF DUE) TO: WISCONSIN EMERGENCY MANAGEMENT, Facility Reporting Section, P.O. Box 7978, Madison, WI 53707-7978. For assistance call (608) 242-3215, (608) 242-3246, (608) 242-3224 or (608) 242-3225.

INSTRUCTIONS FOR PAST YEARS' INVENTORY FEE STATEMENT - DMA Form 1171 (12-13)

This form may be used for any or all past year(s). Complete the form for the year(s), as appropriate.

The SIGNED AND DATED Inventory Fee Statement is returned to: Wisconsin Emergency Management, Facility Reporting Section, P.O. Box 7978, Madison, WI 53707-7978. The Inventory Fee, if required, is sent to the same address, payable to: WISCONSIN EMERGENCY MANAGEMENT.

INSTRUCTIONS: Please write in your facility's name on the top of page 2 and 3.

#1: This is the facility's WEM assigned I.D. #. If this is the first time this facility is submitting an Inventory Fee Statement, leave the I.D. # blank; one will be assigned after the initial form is received.

#2: Enter the facility owner's **nine-digit** Employer Identification Number (EIN or FEIN). This is the owner's Tax I.D. # or Social Security #. All facilities have an EIN, including municipalities and other "tax exempt" organizations. See your facility's preprinted Federal Tax Deposit Coupon (IRS Form 8109) for your EIN. **Please use only one address for each owner EIN/FEIN.**

#3: Enter the facility e-mail address for the person who will be responsible for reporting the hazardous chemicals. If the e-mail address is confidential, check the box. Provide the current facility name and physical location address. Mark and provide the name of the city, village or township in which the facility is located. Enter the number of full-time equivalent employees under the EIN number for the owner, in the state of Wisconsin. If this is a tribal facility, mark the appropriate box and indicate the tribal name. Check whether or not the facility is a Federal facility, or a federally recognized tribal facility. Also indicate the six-digit North American Industry Classification System (NAICS) Code that best describes this facility's activities. For NAICS code information and assistance, go to the U.S. Census Bureau website at: www.census.gov/eos/www/naics/ or you may click on our website link. A facility phone number is also required. Enter the latitude and longitude of the facility's physical location.

#4: Provide the information for the facility's mailing address, including the phone number for that contact.

#5: Provide the facility owner's name and mailing address. Note: This is the owner or the company who is required to maintain the Material Safety Data Sheet. Please indicate if correspondence from WEM should be sent to the owner at the address indicated in #5. If you mark "NO", correspondence will be sent to the facility mailing address indicated in #4. The owner phone number and contact is also required, with a phone number.

#6: If this facility met the Tier Two reporting requirements, complete and submit the Tier Two Report Form, any fees, and the signed Inventory Fee Statement, as appropriate. A site map is also required, no larger than 11 x 17 inches.

See page one of the Tier Two Report Form instructions for a detailed list of the Tier Two reporting exemptions. Even if the facility never has had reportable hazardous chemicals, this Inventory Fee Statement must be completed and returned with the applicable reporting exemption(s) marked under #6.

The owner/operator of any facility that is required, under regulations implementing the Occupational Safety and Health Act of 1970 (OSHA), to prepare or have available a Material Safety Data Sheet (MSDS) for a hazardous chemical present at the facility; or a public or private agency as defined below, is subject to the Tier Two reporting requirements. The OSHA Hazard Communication Standard (specifying MSDS requirements) includes the non-manufacturing sector.

A "Facility" is defined as, "All buildings, equipment, structures, and other stationary items which are located on a single site or on contiguous or adjacent sites, and which are owned or operated by the same person (or by any person who controls, is controlled by, or under common control with, such person) or used for conducting the activities of a public or private agency. It includes man-made structures as well as all natural structures in which chemicals are purposefully placed or removed through human means. (A public right-of-way does not separate into two facilities, two sites owned or operated by the same person.)"

A "reportable hazardous chemical" is:

- (1) hazardous chemicals present at any one-time that equaled or exceeded the 10,000 pound inventory reporting quantity, and/or
- (2) An Extremely Hazardous Substance (EHS) present at any one-time that equaled or exceeded 500 pounds or the TPQ, whichever is less. See the Tier Two instructions for specific information on hazardous chemical reporting.

"Private Agency" is defined as a, "Privately owned and operated research facility or educational institution." "Public Agency" is defined as a, "State or local office, agency, board, commission, committee, council, department, research facility, educational institution or public body corporate or politic created by constitution, law, ordinance, rule or order, or a governmental or quasi-governmental corporation."

For any year(s) the facility was exempt from Tier Two reporting, mark the Tier Two reporting exemption(s) (items A-E) and year(s), as appropriate:

Mark the appropriate year(s), if any, under "A" that the facility was not covered by the OSHA Hazard Communication Act and is not a public or private agency.

Mark the appropriate year(s), if any, under "B" that the facility did not have present any hazardous chemicals at or above 10,000 pounds, and also did not have any Extremely Hazardous Substances (EHS) at or above 500 pounds or the designated Threshold Planning Quantity (TPQ), if lower than 500 pounds. If the situation changes, it is the facility's responsibility to notify WEM.

Mark the appropriate year(s), if any, under "C" that, per OSHA Hazard Communication Act regulations, hazardous chemicals which were present at the facility were not required to have Material Safety Data Sheets prepared or available because of CFR Chapter 29, Section 1910.1200(b) exemptions. See page one of the Tier Two Report Form instructions for a detailed list of the eight OSHA reporting exemptions.

Mark the appropriate year(s), if any, under "D" that hazardous chemicals that were present at this facility fell under one or more of the five Section 311(e) exemptions. See page one of the Tier Two Report Form instructions for a detailed list of the five 311 (e) reporting exemptions.

Mark the appropriate year(s), if any, under "E" if this was a Retail Gas Station and all of the following apply (for chemicals present during 2009, 2010, 2011 and/or 2012):

- 1) gasoline and diesel fuel was stored in a tank(s) entirely underground, for use in vehicles on land, and
- 2) less than 75,000 gallons of gasoline and/or 100,000 gallons of diesel fuel were present at any one time, and
- 3) the facility was in compliance with all applicable Underground Storage Tank program requirements at all times during the indicated calendar year, and
- 4) no other substances were present at or above EPCRA reporting thresholds.

#7: To indicate the facility is FULLY EXEMPT from fee payment because ALL reportable hazardous chemicals that were present at the facility for the year(s) fall under one or more of the fee exemptions (A-D), mark the appropriate fee exemption(s) and year(s).

Mark the appropriate year(s), if any, under "A" that this facility was a Petroleum Marketing Facility which had reportable amounts of gasoline and diesel fuel present, held for resale or retail, which was exempt from Inventory Fee calculation, and there were no other reportable hazardous chemicals subject to Inventory Fee calculation present at the facility. **NOTE:** *Reportable amounts of gasoline and/or diesel fuel present must still be listed on the Tier Two Report Form.*

A Petroleum Marketing Facility is defined as "A facility where petroleum products are stored for retail or resale, and are received by tank vessels, tank car or tank vehicle, and are stored or blended in bulk for the purpose of distributing such liquids by tank vessel, tank car, tank vehicle, or portable tank, and where petroleum products used as fuels are stored and dispensed from fixed equipment into vehicle fuel tanks. Retail applies to all instances of resale as defined in the law. Resale facilities also includes every person engaged in the business of making sales to the general public at retail within this state. **NOTE:** *Gasoline and diesel fuel stored for use by the facility is not covered by this exemption.*

Mark the appropriate year(s), if any, under "B" that the facility had reportable amounts of sand and/or gravel present which are exempt from Inventory Fee calculation and there were no other reportable hazardous chemicals subject to Inventory Fee calculation present at the facility. **NOTE:** *Reportable amounts of sand and/or gravel present must still be listed on the Tier Two Report Form.*

Mark the appropriate year(s), if any, under "C" that the operator of this facility had fewer than ten full-time equivalent employees in the state for a calendar year [20,800 hours of employee time annually equals ten full-time equivalent (FTE) employees]. **YOU MUST INDICATE THE OPERATOR'S NUMBER OF FTE EMPLOYEES FOR THE YEAR IN THE SPACE PROVIDED.** **NOTE:** *ALL persons employed in Wisconsin by this owner must be included in this calculation, not just those employed at the facility or working with the chemicals. Reportable amounts of hazardous chemicals present must still be listed on the Tier Two Report Form.*

Mark the appropriate year(s), if any, under "D" that the facility had reportable amounts of calcium chloride, sodium chloride and/or calcium magnesium acetate present used as a road de-icing agent which are exempt from Inventory Fee calculation and there were no other reportable hazardous chemicals subject to Inventory Fee calculation present at the facility. **NOTE:** *Reportable amounts of road de-icing agents present must still be listed on the Tier Two Report Form.*

NOTE: IF A YEAR IS MARKED UNDER ITEM #7, THE SAME YEAR CAN NOT BE MARKED UNDER ITEM #8.

#8: To indicate the facility is PARTIALLY EXEMPT from fee payment because some of the reportable hazardous chemicals present at the facility fall under one or more of the fee exemptions (A-C), mark the appropriate fee exemption(s) and year(s).

Mark the appropriate year(s), if any, under "A" that this facility was a Petroleum Marketing Facility (see definition above) which had reportable amounts of gasoline and diesel fuel present held for resale or retail which are exempt from Inventory Fee calculation, but there were other reportable hazardous chemicals subject to Inventory Fee calculation present at the facility. **NOTE:** *Reportable amounts of gasoline and/or diesel fuel present must still be listed on the Tier Two Report Form*

Mark the appropriate year(s), if any, under "B" that this facility had reportable amounts of sand and/or gravel present which are exempt from Inventory Fee calculation, but there were other reportable hazardous chemicals subject to Inventory Fee

calculation present at the facility. **NOTE:** Reportable amounts of sand and/or gravel present must still be listed on the Tier Two Report Form.

Mark the appropriate year(s), if any, under "C" that this facility had reportable amounts of calcium chloride, sodium chloride and/or calcium magnesium acetate present used as a road de-icing agent which are exempt from Inventory Fee calculation, but there were other reportable hazardous chemicals subject to the Inventory Fee present at the facility. **NOTE:** Reportable amounts of the de-icing agents present must still be listed on the Tier Two Report Form.

#9. Inventory Fee Calculation: The annual Inventory Fee amount is calculated based on the number of reportable chemicals listed on the Tier Two form which are subject to fee calculation. There are fee exemptions for reportable amounts of sand and/or gravel, road de-icing agents, and gasoline and diesel motor fuel. The fee is greater for high volume inventory reporting (reportable chemicals subject to fees present at 100,000 lbs. or more, cumulatively). Wisconsin Administrative Rule WEM 1 requires a 20% late payment surcharge be paid on past years' fees. The fee schedules follow:

Fee Schedule for chemicals present during 2009-2012: (**NOTE:** To calculate the fee owed, choose the table for right year and number of chemicals.

Number of Chemicals in 2009, 2010, 2011 or 2012:

Number of Chemicals (see 12c):	1	2-10	11-100	101-200	201-300	301-400	401-500	500+
A) Fee Amt.: (under 100,000 lbs. Cumulative)	\$205	\$405	\$610	\$745	\$880	\$1015	\$1150	\$1285
B) Fee Amt.: (over 100,000 lbs. Cumulative)	\$245	\$485	\$730	\$890	\$1055	\$1215	\$1375	\$1540

If you have previously paid fees for any years reported on this form, please notate the amount, and date paid.

FEE CALCULATION FOR chemicals present during 2009-2012:

Line 1: Enter the total number of reportable chemicals listed on the Tier Two Report Form for *chemicals present during* 2009 or 2010 or 2011 or 2012.

Line 2: Enter the total number of chemicals exempt from fees for chemicals present during 2009 or 2010 or 2011 or 2012 (fee exemptions claimed in #7 or #8).

Line 3: Enter the total number of chemicals subject to fee calculation (subtract line 2 from line 1).

Line 4: Mark "YES" if the *cumulative actual maximum* daily amount of chemicals subject to inventory fee is 100,000 pounds or more. Mark "NO" if the *cumulative actual maximum* daily amount of chemicals subject to inventory fee is less than 100,000 pounds. Enter the appropriate Inventory Fee using the above Fee Schedule. (See tables above.)

Line 5: Enter 20% of the Inventory Fee.

Line 6: Enter the total of the Inventory Fee and 20% late payment surcharge.

TOTAL FEES REMITTED: ENTER THE TOTAL OF ALL FEES DUE (2009 + 2010 + 2011 + 2012). Submit one check to:

Wisconsin Emergency Management
Facility Reporting Section
P.O. BOX 7978
Madison, WI 53707-7978

#10: COMPLETE THE ENTIRE CERTIFICATION SECTION. **The form must be signed and dated.** An incomplete or unsigned Fee Statement will not be accepted and will be returned.

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INSTRUCTIONS FOR PAST YEARS' WISCONSIN TIER TWO REPORT FORM - DMA FORM 1172 (12-12)

For use in reporting chemicals present during calendar years 2009-2012

WHERE TO SUBMIT THE TIER TWO FORM? The signed Tier Two Form is sent to: Wisconsin Emergency Management, P.O. Box 7978, Madison, WI 53707.

WHO MUST SUBMIT THIS FORM? The owner/operator of a facility required under the Occupational Safety and Health Act (OSHA) [29 CFR Section 1910.1200] to prepare or have available a Material Safety Data Sheet (MSDS) for a hazardous chemical present at the facility and public and private agencies [see s. 323.60(1)(h) and (i), Wis. Stats.], are subject to Tier Two reporting requirements. A separate Tier Two Report must be submitted for each facility with reportable hazardous chemicals [see Fee Statement instructions for definition of facility]. A facility exempt from Tier Two Reporting must return an Inventory Fee Statement to certify it is exempt.

WHAT CHEMICALS MUST BE REPORTED? Any hazardous chemical for which OSHA requires an MSDS that was present at a facility at any one time during a calendar year, at or above 10,000 pounds, and/or any Extremely Hazardous Substance (EHS) that was present at a facility at any one time during a calendar year, at or above 500 pounds or the threshold planning quantity (TPQ), whichever is lower; unless one or more of the reporting exemptions which follow apply.

Title 29 CFR, Section 1910.1200(b), OSHA exemptions include:

(i) Any hazardous waste as such term is defined by the Solid Waste Disposal Act, as amended (42 U.S.C. 6901 et seq.) when subject to regulations issued under that Act.

(ii) Tobacco or tobacco products;

(iii) Wood or wood products;

(iv) "Article" means a manufactured item, other than a fluid or a particle: which is formed to a specific shape or design during manufacture; which has end use functions dependent in whole or in part upon the shape or design during end use; and which under normal conditions of use does not release more than very small quantities, e.g., minute or trace amounts [as determined under 29 CFR 1910.1200(d)] and does not pose a physical hazard or health risk to employees.

(v) Food, drugs, cosmetics or alcoholic beverages in a retail establishment which are packaged for sale to consumers;

(vi) Foods, drugs, or cosmetics intended for personal consumption by employees while in the workplace;

(vii) Any consumer product or hazardous substance, as those terms are defined in the Consumer Product Safety Act (15 U.S.C. 1251 et seq.) respectively, where the employer can demonstrate it is used in the workplace in the same manner as normal consumer use, and which use results in a duration and frequency of exposure which is not greater than exposures experienced by consumers; and

(viii) Any drug, as that term is defined in the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 301 et seq., when it is in solid, final form for direct administration to the patient (i.e. tablets or pills).

Section 311(e) of Title III excludes the following substances:

(i) Any food, food additive, color additive, drug, or cosmetic regulated by the Food and Drug Administration;

(ii) Any substance present as a solid in any manufactured item to the extent exposure to the substance does not occur under normal conditions of use;

(iii) Any substance to the extent it is used for personal, family, or household purposes, or is present in the same form and concentration as a product packaged for distribution and use by the general public;

(iv) Any substance to the extent it is used in a hospital or other medical facility under the direct supervision of a technically qualified individual (Substances used in research facilities are not excluded under Wisconsin law.);

(v) Any substance to the extent it is used in routine agricultural operations (by the end user) or is a fertilizer held for sale by the retailer to the ultimate customer.

Retail Gas Station Reporting Exemption. The US EPA has changed reporting thresholds at retail gas stations effective beginning with chemicals present during 1998. **The following conditions must be met:**

1. Gasoline and diesel fuel were stored, for use in vehicles on land, in a tank(s) entirely underground; the facility was in compliance with all Underground Storage Tank requirements at all times during the indicated calendar year; no other substances were present at or above EPCRA reporting thresholds; and

2. Less than 75,000 gallons of gasoline and/or 100,000 gallons of diesel fuel were present.

INSTRUCTIONS FOR COMPLETING THE TIER TWO FORM You may make copies of the blank "continuation page", as needed, to list additional reportable chemicals. COMPLETE accordingly.

WEM I.D. #: Please enter your WEM I.D.#. NOTE: A facility filing for the first time will not have a WEM I.D.#.

Facility Location: Enter the facility name, street address and city. If an address is not available, provide an appropriate identifier that describes the physical location (e.g., fire #). Include Facility Contact name and phone number.

Owner/Operator: Enter the owner's or operator's full name and mailing address with city and state.

EIN #: Enter the facility owner's **nine-digit** Federal Employer Identification Number (FEIN). This is your federal taxpayer I.D. number.

Emergency Contact Information: Enter the name, title, and work phone # of two individuals who can be contacted by emergency responders. Provide a 24 hour phone # where emergency information will be available 24 hours a day, every day. **This requirement is mandatory.** The facility must make arrangements to ensure 24-hour contact. Include title also.

Chemical Description: This section requires specific information on chemical identity, hazards, amounts and chemical locations.

Chemical Name: Enter the chemical or common name of each hazardous chemical and name any EHS, if present.

Chemical Abstract Service (CAS) number: For mixtures, enter the CAS # of the mixture as a whole if it has a CAS number distinct from its components. This information is on the Material Safety Data Sheet (MSDS). For a mixture that has no CAS number, enter N/A or report the CAS numbers of as many constituents as possible.

Trade Secret: Mark this box if you elect to withhold the name of a chemical under Title III Section 322. Enter the generic chemical class under chemical name (e.g., list toluene diisocyanate as organic isocyanate). Refer to Sec 322 trade secrecy information.

Chemical Descriptions: Mark: pure or mixture, and solid, liquid or gas; and EHS if the chemical is or contains an EHS, as appropriate. Example: You have pure chlorine gas on hand, as well as two mixtures that contain liquid chlorine. Then you would mark "pure" and "mix," "liquid" and "gas," and "EHS".

Physical and Health Hazards: Mark the hazards that apply for each reportable hazardous chemical listed. The physical hazard and health hazard categories [defined in 40 CFR 370.3] are a consolidation of the 23 OSHA hazard categories at 29 CFR 1910.1200.

EPA's Hazard Categories

Fire Hazard

Sudden Release of Pressure

Reactive

Immediate (acute) Health Hazard

Delayed (chronic) Health Hazard

OSHA's Hazard Categories

Flammable, Combustion liquid, Pyrophoric, Oxidizer.

Explosive, Compressed Gas

Unstable Reactive, Organic Peroxide, Water Reactive.

Highly Toxic, Toxic, Irritant, Sensitizer, Corrosive, other hazardous chemicals with an adverse effect with short-term exposure.

Carcinogens, other hazardous chemicals with an adverse effect with long-term exposure.

Inventory: Enter the information for each year, as appropriate. Calculate weight in pounds. To convert gas or liquid volume from gallons to pounds, multiply the specific gravity (usually located on the MSDS) by 8.33 to get the number of pounds per gallon. Multiply the pounds per gallon by the weight in gallons to get the weight in pounds. If a hazardous chemical is part of a mixture, you can either report the weight of the entire mixture or the weight of the individual component within the mixture. However, this must remain consistent with Section 311 (MSDS/Chemical List Submission) See note below.

EHS's have lower reportable amounts and they (both a pure EHS and EHSs in mixtures) must be **aggregated** to determine if there is a reportable amount. If you determine an EHS is reportable, you may (1) list the weight of the EHS by itself **OR** (2) list the weight of each mixture containing the EHS. *The EHS present in the mixture must be identified in the "EHS name" box.* Again, this must remain consistent with Section 311 (MSDS/Chemical List Submission). See Note below.

NOTE: The reporting of mixtures must remain consistent with the format used in the facility's Section 311 report (MSDS/Chemical List Submission). (1) If the MSDS lists a hazardous chemical or the facility has submitted a MSDS Chemical List with the hazardous chemical broken out, report just that hazardous chemical on the Tier Two. (2) If the MSDS or MSDS Chemical List is submitted under the mixture's name, it must be reported on the Tier Two as one mixture.

Example: A facility has chosen to submit a MSDS under Section 311, listing a mixture that is 10% Chlorine (an EHS) and 90% Water. The maximum amount present at the facility at any one time is 500 gallons of the mixture. The weight of the mixture (found usually on the MSDS) is 10 pounds per gallon. Multiply 500 (gallons) by 10 (pounds), the total weight of the mixture is 5000 pounds. To calculate the EHS amount, take the total mixture weight and multiply by the percentage of the EHS in the mixture. 5000 (total weight) X .10 (amount of Chlorine) = 500 pounds. This meets the reporting requirement for an EHS (500 pounds or the TPQ, whichever is less). The total weight of the mixture (Chlorine and Water) is 5000 pounds, which is below the 10,000 pound reporting threshold, but since the EHS amount did meet the reporting requirement, the Chlorine must be reported either as an individual chemical or as a component of the mixture. Since the facility has chosen to submit the MSDS and not a MSDS Chemical List by individual component, the entire mixture of 5000 pounds will need to be reported on the Tier Two. *The EHS present in the mixture (Chlorine) must be identified in the "EHS name" box.* **NOTE: Always review your Material Safety Data Sheet for the correct weight per gallon.**

When reporting an EHS that meets or exceeds its specific Threshold Planning Quantity (TPQ), an Emergency Planning Notification Fee Statement must also be submitted (if one has not been submitted previously). If a fee is owed for Planning Notification and it is received over 60 days after an EHS exceeded the TPQ, add a 20% late payment surcharge.

Maximum daily amount: For each reportable hazardous chemical, estimate the maximum amount present at your facility on any single day during the reporting period. Upon entry of the data into the on-line system, the code related to that amount will be automatically calculated.

Example: You received a shipment of 5,000 gallons of mixture last year. At the time of the shipment you had 1,000 gallons of the mixture on site. The mixture weighs 7.0 pounds per gallon, so multiply 6,000 by 7.0 to get a weight of 42,000 pounds.

Average daily amount: For each hazardous chemical, estimate the average daily weight in pounds that was present at your facility during the year. To do this, total all daily weights and divide by the number of days the chemical was present on the site.

Example: A mixture was present for 315 days with a sum of the daily volume levels of 1,417,500 gallons. By dividing 1,417,500 gallons by 315 days on-site, you have an average daily amount of 4,500 gallons. The mixture weighs 7.0 pounds per gallon. Multiply 4,500 by 7.0 to get a weight of 31,500 pounds. Enter the actual Daily Amt.

Number of days on-site: Enter the number of days the hazardous chemical was present each year.

Storage codes and locations: Enter the appropriate codes for container type(s) / condition(s) for each location and note storage locations.

Container: Look at Table 2. For each location, find the appropriate storage container type. Enter the corresponding code in the box.

TABLE 1 - CONTAINER TYPES

Code	Container Type	Code	Container Type
A	Above ground tank	J	Bag
B	Below ground tank	K	Box
C	Tank inside building	L	Cylinder
D	Steel drum	M	Glass bottles / jugs
E	Plastic or non-metallic drum	N	Plastic bottles / jugs
F	Can	O	Tote bin
G	Carboy	P	Tank wagon
H	Silo	Q	Rail car
I	Fiber drum	R	Other

Pressure and temperature: Look at Table 3. For each container type, find the pressure and temperature conditions. Enter the applicable pressure code and applicable temperature code in the boxes.

TABLE 2 - PRESSURE AND TEMPERATURE CONDITIONS

Code	Pressure	Code	Temperature
1	Ambient	4	Ambient Temp
2	Greater than ambient	5	Greater than ambient Temp
3	Less than ambient	6	Less than ambient temp, Not Cryogenic
		7	Cryogenic conditions

Storage locations: Briefly, for the most recent reporting year, describe the location(s) of the chemical, indicating at a minimum, the building or lot. A chemical may be located in more than one place at a facility. Where practical, indicate the room, area or appropriate site coordinates or abbreviations. Enter maximum amt. at that location. The intent is that first responders would know the location of chemicals based on your storage locations and site map.

Max. #'s at Location: List the maximum amount present in pounds at this storage location on any single day during the reporting period.

Confidential Location Information Option: Under Title III, Section 324, you may elect to withhold the location of a specific chemical from disclosure to the public. If you choose to do so, check the "confidential" box and write "confidential" in the Tier Two storage location box. Complete a Tier Two Confidential Location Information Sheet and provide the information for each chemical's location you are designating as confidential.

Required Site Plan Attachment: Wis. Stats. 323.60 requires a site plan be attached to the Tier Two. A site plan means facility floor plans showing the storage location of hazardous chemicals. Mark the attachment box. It can be no larger than 11x17 inches. The intent is that first responders would know the location of chemicals based on your storage locations and site map.

CERTIFICATION: The owner or operator or the officially designated representative of the owner or operator must certify that all information included in the Tier Two submission is true, accurate, and complete. On the bottom of the first page of the Tier Two form, enter the full name, and official title. A signature and date are required. Also, list the total number of pages included in the Tier Two Report and mark attachment boxes. An incomplete or unsigned form will be returned.

If you choose, you can enter your data into the on-line system at:

<https://whoprs.wisconsin.gov>

You would need to register with a user name and password.

**FOR QUESTIONS OR ASSISTANCE CALL
(608) 242-3215, (608)242-3246, (608) 242-3224
or (608) 242-3225. For additional information, or visit our
web site for blank forms: emergencymanagement.wi.gov**

PENALTIES: Any owner or operator who violates any Tier Two reporting requirement shall be liable to the United States for a civil penalty of up to \$25,000 for each such violation. Wisconsin law provides a civil penalty of up to \$25,000 for each violation. Each day a violation continues shall constitute a separate violation. Under Wisconsin law any owner or operator who negligently makes a false statement or representation on the Tier Two form or Inventory Fee Statement shall be liable for a civil penalty of not less than \$100 nor more than \$25,000.